The Bionic Therapist: Projective Identification & Right Brain Therapy in 21st Century

Jim Husen

Ryokan College

Author Note

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Abstract

This paper begins with Melanie Klein's conceptualization of projective identification. It then discusses Bion's innovation of Melanie Klein's ideas. Bion's concept of projective identification as a normal developmental process arising out the mother-infant interpersonal interactions is explored as well as his ideas regarding the mother as a containing container. The mother as container is advocated as a good metaphor in this paper as anticipating and capturing key psychological processes hypothesized to explain styles of attachment. The containing container model also helps explain clinical techniques aimed at increasing affect regulation and right brain healing processes.

Introduction

Wilfred Bion's innovation to Melanie Klein's conceptualization of the psychological phenomenon of projective identification provides therapists with an important model or metaphor—namely that of "the container and the contained" (Ogden, 2004, p. 36). Bion's ideal of the mother as container who contains and calms her infant's fears captures core processes of affect regulation. These processes of affect regulation developed in the infant-mother interactions are instrumental in the development of an infant's attachment style. Interestingly, Schore (2010) equates attachment style and affect regulation with one's core or "implicit self." (p. 73)

Also, viewing projective identification as an inter-subjective form of communication, Bion's concept of *the container and the contained,* further illustrates key components of modern therapy techniques which tap into right brain processes of implicit / procedural memory in healing attachment and trauma related affective dysregulation.

Melanie Klein: Projective Identification as a Defense Mechanism.

In 1934, Melanie Klein described the infant's mental life as "governed by the mechanism of introjection and projection" with the mother's breast. She built upon Freud's earlier but somewhat undeveloped work in this area of psychological phenomenon. (Freud, 1914, Freud, 1915, & Freud, 1917/2005) Turner (2013) said although Freud didn't use the term, "projective identification" his works from as early as 1895 "recognized the importance of projection and the role it plays in the formation of paranoid thoughts and feelings."

Klein's application of projective identification to the mental life of infants was extraordinary at her time in history. She conceived that the early psychic experience and developmental process of the infant was paranoid and schizoid one where projective

identification is the primary defense against the child's instinctive anxiety associated with his fear of death (i.e. the death instinct). She wrote:

> "Projective Identification is bound up with developmental processes arising during the first three or four months of life (the paranoid-schizoid position) when splitting is at its height and persecutory anxiety predominates. …Identification by projection implies a combination of splitting off parts of the self and projecting them on to (or rather into) another person. These processes have many ramifications and fundamentally influence object relations. (Klein 1995, p. 311-312)" (Turner, 2013 quoting Klein)

As conceived by Klein, projective identification is a "primitive defense mechanism along with" other primitive defense mechanisms to fear and anxiety such as "splitting, idealization, denial, and omnipotence." (Turner, 2013, Emphasis Added)

Wilfred Bion: Projective Identification as Inter-subjective Communication.

Bion reformulated Klein's concept of projective identification. He saw the phenomenon as a form of inter-subjective, non-verbal communication between the infant and the mother. Bion (1962) describes this inter-subjective, non-verbal communicative dynamic associated with projective identification as follows:

> Normal development follows if the relationship between infant and breast permits the infant to project a feeling, say, that it is dying into the mother and to reintroject it after its sojourn in the breast has made it tolerable to the infant psyche. If the projection is not accepted by the mother the infant feels that its feeling that it is dying is stripped of such meaning as it has. It therefore reintrojects, not a fear of dying made tolerable, but a nameless dread. (p. 116)

In the foregoing quote, Bion stated that if the mother fails to accept the child's dread the process is peculiarly toxic to the child's development of secure object relations with both the mother and others by generalized inference. In other words, the mother's failure to act as a container which contains the child's fears gives back to the child something much worse than the original projection—*a nameless dread.*

Ogden (2004) said on this issue that "Bion's (1962a) concept of the container and the contained … involves not only an alteration of that which has been projected, but also an alteration of the projector in the process of creating the type of emotional linkage that is involved in projective identification. (p. 36) This *emotional linkage* and *the alteration of the projector in the process* taps into the essence of Bion's formulation of projective identification. It also captures a core emotional process which accounts for the development of the four attachment styles. As described briefly in the next section of this paper, the developing child's attachment style reflects the type of container / containment his or her primary caretaker provides in infancy and childhood.

The Container Shapes the Child's Attachment System.

Grotstein (2007) said Bion's concept of projective identification "introduced two new themes to psychoanalysis … (1) the importance of the container ↔ contained relationship, and (2) the prime importance of relationships as the *sine qua non* and irreducible factor in the infant's development … anticipat[ing] … attachment research (Bowlby, 1969)…." (p. 155). As stated above, the process of projective identification changes the projector and that change relates very much to the peculiar qualities of the container.

Attachment researchers have identified four patterns of attachment which are causally linked to particular patterns of maternal / primary caregiving behavior and states of mind regarding attachment. Consistently caring and attuned mothering deemed secure in the Adult Attachment Interview (George, Kaplan & Main, 1996) produce secure children 75% of the time in nonclinical samples. (van IJzendoorn & Bakermans-Kranenburg, 2009). Using Bion's terminology, the secure container (primary caretaker) readily receives the outpouring of the

infant's projections of fear and frustration, neutralizes and metabolizes them in an attuned and understanding way allowing the child to reintroject the affect in such a way that he or she feels understood. The result of this containment is a synchrony of affect whereby the container calms the child and the child's system of attachment develops a flexible realistic approach to life which is the *sine qua non* of secure people.

Rejecting mothers deemed dismissing of attachment in the Adult Attachment Interview produce insecure avoidant children. The insecure dismissing container is more or less closed to receiving the child's emotional projections. The container has a lid on it. As a result of literally thousands of repeated interactions which are generalized into a working model of attachment, the child sees the world as rejecting and more or less inhospitable. Affect is regulated by this child by over-control. She clamps down on her affect and her ability to connect with self, others and the environment is thereby constricted.

Preoccupied mothers deemed so in the Adult Attachment Interview produce insecure anxious children. These mothers take their infants' projections and amplify them. They give back heightened emotion to the child for reintrojection. These mothers are often inconsistently intrusive through role reversals, spousification, and/or seduction of the child.

The disorganized style of attachment is one which is disorganized by fear of the child for his or her own caregiver. The caregiver whom the child naturally and evolutionarily looks to for comfort is the source of the child's fear. (Main & Solomon, 1986 and Hesse & Main, 1999) The unresolved / disorganized mind of the mother container of these children takes the child's projection and shakes it up giving back to the child an even more frightening reintrojection than was initially projected. The impact of this nonverbal exchange upon the child is particularly

pernicious. (Putnam, 1991—incidence of abuse and dissociative disorders = 97%, Liotti, 2004—incidence of unresolved loss and dissociative disorders = 62%)

Bion's concept of the mother as container containing the child's dread is core to each and every one of the foregoing psychological processes which shape the developing child's attachment system. Early attachment experiences "may be regulated or dysregulated, imprinting either secure or insecure attachments" and creating potentially beneficial "adaptive flexibility" (Seigel, 2012, p. 168), or, "pathogenic developmental … neurological pathway[s]" (Schore, 2008) which fail to activate important associative areas of the brain.

Bionic Right Brain Clinical Applications of Freud's Free Association

Bion's concept of the mother as container has relevance to therapists with their clients. Therapists contain clients' projective identifications and the resultant regulation of affect / containment constitutes a core process of effective psychotherapy.

By way of example, this writer recently applied Bion's concept of *therapist as containing container* in session with one of his clients. He sat with his client who sobbed and shook for almost an hour with overall calming effect upon her. The writer genuinely felt like a mother soothing her baby's fears. The interactions that session were almost entirely nonverbal right brain to right brain expressions of care and empathy. The professional relationship grew as a result and it is obvious to the writer that the client's subsequent working through childhood trauma is related to the emotional bonds of trust which were built upon in the aforementioned session.

The client learned experientially that her therapist can take her dread and shame. She learned he can metabolize her traumas and not be destroyed by them. She learned she can expect attuned empathy rather than judgmental interpretations and advice. These are the foundations of

our continuing work which involves a somatic, experiential approach called Brainspotting developed by Grand (2013) out of his work with Eye Movement Desensitization and Reprocessing.

Brainspotting sessions typically begin by bringing into awareness an issue important to the client and then activating that issue and associating it somatically with an awareness of some portion of the client's body. Once this has been established an eye position that heightens the psycho-somatic felt connection is determined. This process activates the client's sympathetic branch of her autonomic nervous system as it relates to the issue being processed or worked through.

The client and therapist then collaborate in building a psycho–somatic grid of neutrality which engages the client's parasympathetic branch of her autonomic nervous system which acts as a calming resource for her in the working through of the activated issue.

Once the foregoing preliminaries are established, the client is then encouraged to share her internal experience and associations that come up (thoughts, feelings, images) with the therapist on par with Freud's (1912) *fundamental rule* of free association. The idea is that locked within the client's almost infinite array of neurological patterns of thought, memory, and feeling resides her own best answer to the meaning of otherwise random data.

The result of this process is extremely effective because it helps the client develop affective regulatory function in the context of making meaning out of her own trauma. The meaning brought to the table in these sessions is particularly salient to the client because she herself is the author of that meaning. Here too, Bion's concept of the *containing container* can be seen. Grenell (2008) said of Bion in this area of treatment regarding dreamwork that,

> Bion (1992) describes the dream-space as a "storehouse" for sensory impressions that have been transformed into higher-level, symbolically representable affects…. It is within

> these boundaries that affective components normally splintered off from everyday experience may be unified into a meaningful whole: the dream. The dream-space may be thought of as a psychical container for mental content that the waking ego cannot contain—abhorrent or repudiated wishes, for example, or threatening or dysphoric affects, or antagonistic thoughts that instigate a state of cognitive dissonance. In this space the dream, like a mother or a psychoanalyst (Sedlak 1997), offers a person the experience of being held in a state of reverie [i.e. openness to experience] in which archaic and disordered affects may be simultaneously experienced and transformed into higher-level symbolic representations. (pp. 231-232)

The Bionic therapist doing Brainspotting builds on this sort of right brain processing where Beta-elements (of raw unassociated sensory impressions) are transformed into Alpha-elements (of integrated or associated data infused with meaning) by providing the space, safety, security and containment a client needs to engage the process of healing in session first and then outside the therapy session. As articulated by Schore (2008) "the unconscious is no longer viewed, as Freud saw it, as a cauldron of chaos "which interferes with secondary process thinking but actually has certain essential, adaptive functions. Schore (2003) further stated:

> Affective processes appear to lie at the core of the self and due to the intrinsic psychobiological nature of these bodily based phenomena, because affects are that, recent models of human development from infancy throughout the lifespan are moving toward brain-mind-body conceptualizations. It's affect which brings the body into the game. These models are redefining the essential characteristics of what makes us human. (p. xiv)

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